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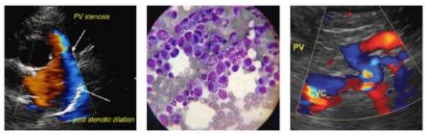
svsimagingmi@gmail.com



SonoPath
Clinical Sonography & Telecytology
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PATIENT
Remy Gantzer

SPECIES
Canine

BREED
Min Schnauzer

SEX
FS

AGE
1 Yr 10 Mo

WEIGHT
18.4 lbs.

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Amy Mayhew LVT

HOSPITAL NAME
SVS Imaging MI

REFERRING VET
Family Pet Practice

INVOICE
14720

DATE
8/25/22

PRESENTING CLINICAL SIGNS

-P v+ 1x last night, o's didn't think anything of it, then p began getting lethargic. Showing no interest in food. O's father took p outside 5 am- had normal bm. P ate a small portion of breakfast but has been vomiting since then- bile. No dry heaving, something comes up everytime. Lip licking. Is a toy shredder- does not think got into anything.
Abnormal PE/Chem/CBC/UA Results: Daughter presented with P for exam, daughter communicating with mother over phone throughout visit. Hx of occasionally eating sticks, grass outside, does shred toys not known to ingest large pieces but occasionally will have small string in feces. No new treats or diet formula but did open new bag of food 3 days ago. No other known stressors at home Email recent labs, radiographs and this form to: SVSimagingMI@gmail.com 1. QAR, anxious- lethargy noted at home 5. Tacky MM, mild tartar, lip licking 6. Tachycardia (anxious) no audible murmur or arrythmia 7. Panting, no audible congestion or coughing. 9/10. Tense on cranial abdominal palpation, no palpable masses/fb. Rectal exam- formed normal colored present CBC- absolutes WNL, Mild neutrophilia on diff Chemistry- glucose 129 (stress), Mg 1.4 (GI loss)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the uterine remnant and area of the iliac trifurcation were free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.4 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width at the caudal pole and 0.31 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width at the caudal pole and 0.63 cm width at the cranial pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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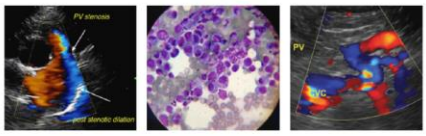

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The stomach contained a mild amount of retained anechoic to mildly echogenic fluid and luminal gas. No overt evidence of shadowing Ingesta, which may suggest foreign material. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. No evidence of small intestinal mechanical / metabolic ileus or foreign material was noted. The duodenum wall measured 0.43 cm width. The jejunum wall measured 0.27 cm width.

Normal visible colon wall layers were present with subjective formed to semi-formed mildly shadowing fecal matter.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

intermittent, mildly prominent, hypoechoic mesenteric lymph nodes with subtle perilymphatic reactive mesentery were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). An example of lymph node size was 3.5 cm x 0.75 cm. No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern with mild retained gastric fluid and luminal gas - suspect mild hypomotile gastritis
- Sonographically unremarkable small bowel / colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the stomach is suggestive of gastritis with mild gastric hypomotility. Given the presence of gastric gas, a full evaluation of the gastric interior was somewhat limited therefore the possibility of a small amount of nonobstructive gastric foreign material, given the patient's history, cannot be definitively excluded yet Is thought less likely.

No evidence of small intestinal ileus or foreign material. No indication for immediate surgical intervention is evident.

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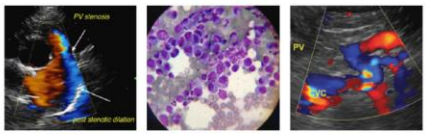

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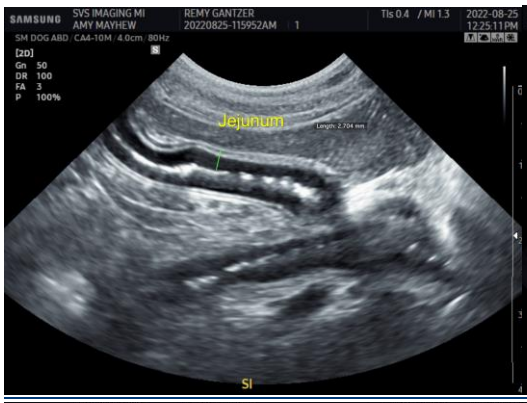
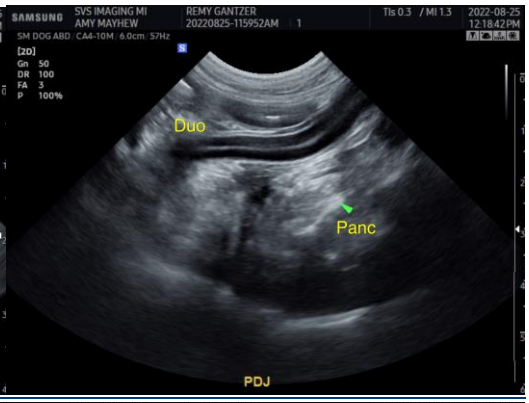
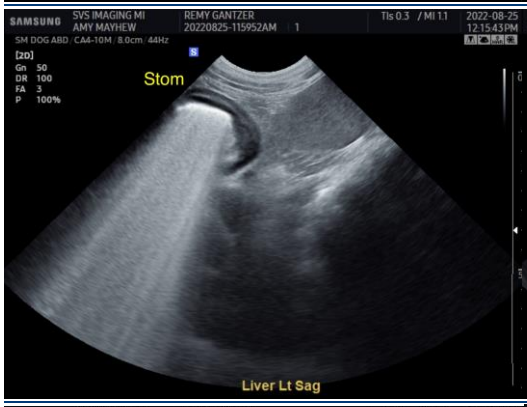
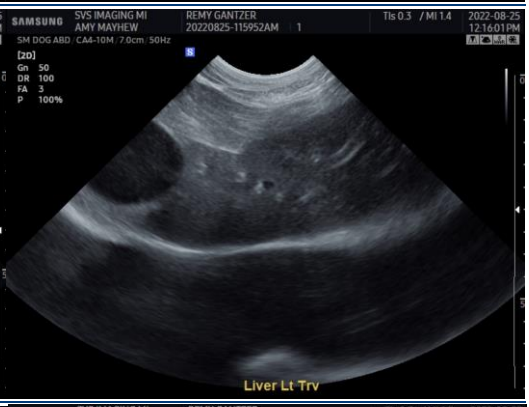
Medical therapy for gastritis with consideration for broad-spectrum deworming, given the patient history of dietary indiscretion, would be reasonable with potential sonographic reassessment of the stomach and small bowel if persistent / progressive gastrointestinal signs are noted.

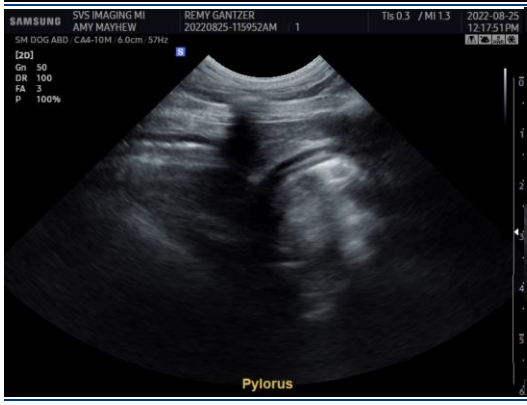
Although considered unlikely, resting cortisol level to rule out occult Addison's Disease, would be warranted if recurrent or persistent GI signs are noted.

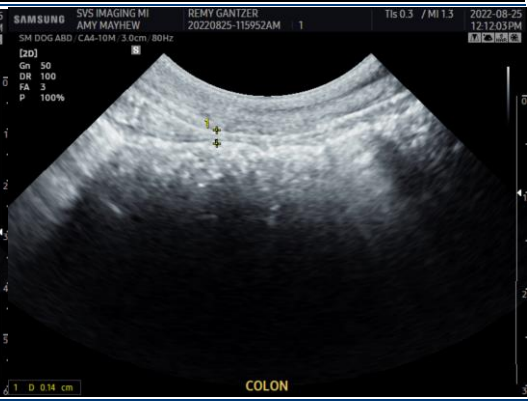












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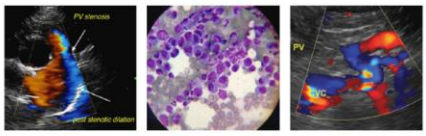

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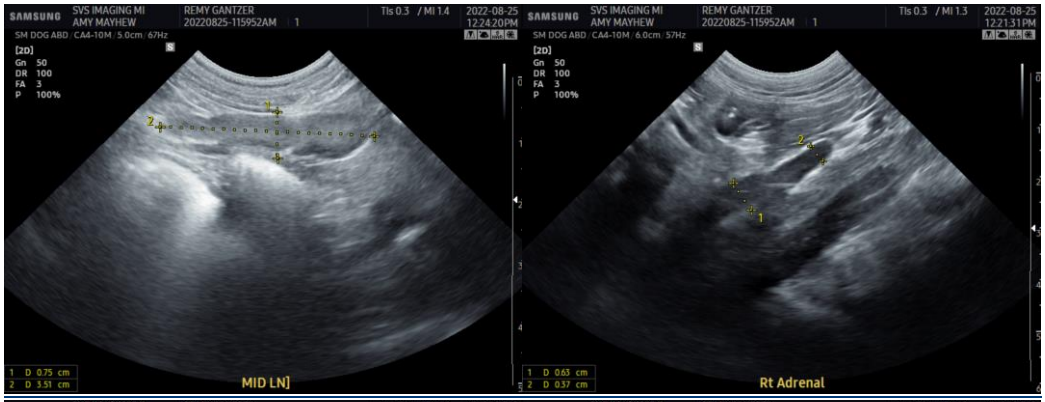

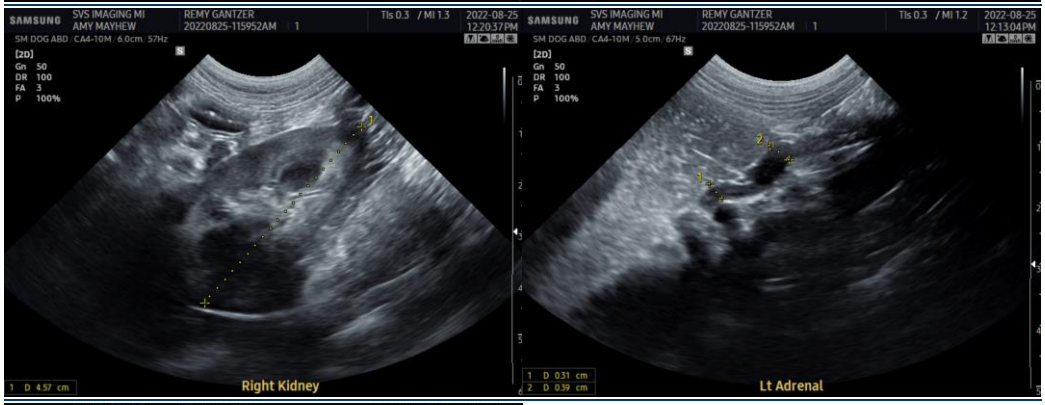

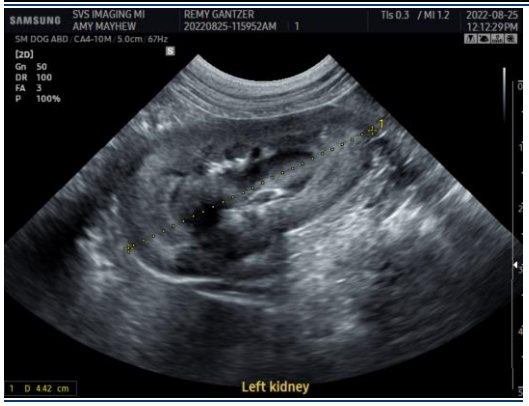

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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